

College Station Community Development Office
Application for Housing Rehabilitation, Replacement or Emergency Assistance

TO BE COMPLETED & SIGNED BY HEAD OF HOUSEHOLD – DO NOT LEAVE ANY BLANKS – FILL IN EVERY QUESTION

last	first	middle int.	date of birth	social security number
race or ethnicity	sex	home phone	work phone	

ADDRESS OF HOUSEHOLD:
All households must be in College Station City Limits to be eligible.

			College Station, Texas	
number	street	apartment	zip	

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

number	street	apartment	city	state
			zip	

NAME AND PHONE NUMBER OF RELATIVE, FRIEND, OR NEIGHBOR WHO CAN USUALLY CONTACT YOU (OPTIONAL):

name	relation	home phone	work phone

HOUSEHOLD INFORMATION:
In the box below, list all persons living in your household, regardless of relation and including yourself. All residents must be listed before eligibility can be determined. This includes all temporary household residents who do not maintain a regular residence in another location. You will need to provide front and back copies of all resident's social security cards before eligibility will be given.

first & last name	relation to head	birth date	race	sex	social security number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

HANDICAP ACCESSIBILITY:
Please complete the below box if any member of your household has a mental or physical handicap requiring special housing accommodations. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodations needed.) If any member is confined to a wheelchair, write wheelchair under special housing need. Also note any member who needs crutches or a walker or is otherwise mobility impaired.

household member	type handicap	housing need
1.		
2.		
3.		

INFORMATION ABOUT YOUR HOME:
Complete the below as fully as possible. It is essential for our record keeping and it may affect what kind of work is done on your house. If you do not know the requested information place a question mark in the blank.

of bathrooms: _____

Important: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.

When Completed with Form: Please return this form by mail to the Community Development Office, City of College Station, PO Box 9960, College Station, Texas, 77842; or deliver in person to the Community Development Office, 903 South Texas Ave, College Station, Texas. Include copies of a photo identification for all adults and copies of social security cards for all household members.

Application for Housing Rehabilitation, Replacement or Emergency Assistance

ADDITIONAL INFORMATION ABOUT YOUR HOME:

If not, please explain why not:

What was the cost of the project? _____ Who was contractor for the project? _____

What repairs does your house now need?

What emergency repairs (life or health threatening) are needed?

Would you be able to make these repairs if supplies and materials were furnished? (yes) (no)

MORTGAGE AND OWNERSHIP:

For your household eligibility to be determined, we need accurate data regarding the title to your property. Filling out this section as completely as possible will speed the processing of your application. Mark blanks that do not apply to you "n/a." Place question marks in blanks you are unable to answer.

What is the name & address of the holder?

What is the name & address of the holder?

If yes, give holder, amount still owed and monthly payments:

Do you share title to your property with your spouse, other relatives, or any other individuals? (yes) (no)

If yes, please give the names of all other owners:

INCOME INFORMATION:
The type of housing assistance you receive is determined in part by the size of your household, your ability to pay and the overall condition of your current house. Full disclosure of all income and assets will insure the assistance you receive is best suited for you. Failure to disclose any income or assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted.
Income includes all money flowing into the household from all persons over 18 years old. Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, and interest from bank accounts or investments all must be disclosed.

household member	source of income	monthly amount received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

ASSET INFORMATION:
A percentage value of your assets will be calculated into your income to determine your eligibility. Assets include such things as other real estate properties owned by members in the household, checking and savings accounts, investment accounts, vehicles, money earned in the past two years from the sale of items or investment accounts, and items purchased for investment value, such as stamps, coins, firearms, paintings and other collectibles.

Household member	Type asset	Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

CREDIT INFORMATION:
Credit information is required for evaluation of your household financial situation as a whole. All members of the household 18 years of age or older must agree to have a credit search run on them. Therefore, it is necessary for all of them to sign in the space below for eligibility to be given.

My signature below serves as my authorization for the Community Development Office to obtain a credit history as well as any other financial information needed for the evaluation of this application.

Household member's name

Household member's signature or mark

Witness (only needed if signed by mark).

1. _____

2. _____

3. _____

4. _____

5. _____

ADDITIONAL CREDIT INFORMATION:
This section applies only to owner's of record of household.

1. (yes) (no) Have you any outstanding judgments?

2. (yes) (no) In the past seven years, have you been declared bankrupt?

3. (yes) (no) Have you had property foreclosed on or given title of deed?

4. (yes) (no) Are you a co-maker or endorser on a note?

5. (yes) (no) Are you party to a lawsuit?

6. (yes) (no) Are you obligated to pay alimony, child support or maintenance?

If any answers are "yes," please explain:

CERTIFICATION:

The section below is to be signed by the head of house and the spouse of the head of house. A witness will be needed for any signature made by mark.

I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of College Station.

_____/_____/_____
Head of House/Applicant Date Witness (if signed by mark)

_____/_____/_____
Spouse/Applicant Date Witness (if signed by mark)

The Community Development Office is wheelchair accessible. Handicap parking spaces are available. For the hearing impaired, the CD Office may be reached by TDD through Relay Texas at 1-800-735-2988, Interpretive services are available with an advance notice of 48 hours.

City of College Station Community Development
903 S. Texas
P. O. Box 9960
College Station, TX 77840
(979) 764-3778

VERIFICATION OF EMPLOYMENT

Employee/Applicant's Name _____ SSN _____
Applicant's Signature _____ Date _____

This individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period, and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

TO BE COMPLETED BY AUTHORIZED OFFICIAL

1. Date of employment _____ Position/Occupation _____
2. Home Address _____
3. Current rate of regular pay \$ _____ per _____ (hour, week, month, etc.)
4. Current rate of overtime pay \$ _____ per _____ (hour, week, month, etc.)
5. Number of hours per week employee normally works _____
6. Anticipated average amount of overtime per week _____
7. Gross annual earnings you anticipate for this employment for the next twelve months \$ _____
8. Anticipated tips, commissions, bonuses \$ _____
9. Do you anticipate any change in the employee's rate of pay in the near future? ☐ Yes ☐ No

If yes, revised rate _____, effective date _____.

10. Do you anticipate any change in the number of hours the employee works? ☐ Yes ☐ No
(If yes, explain under item number 12.)

11. If the employee’s work is seasonal or sporadic, indicate lay-off periods _____

12. Additional comments _____

I verify that the preceding information is true and correct.

Signature _____ Date _____
Printed Name _____ Title _____
Name of Employer _____ Phone No. _____
Address of Employer _____

This form should be returned to the Employee/Applicant.

WARNING

Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

STATE OF TEXAS)
) ACKNOWLEDGMENT
COUNTY OF BRAZOS)

This instrument was acknowledged before me on the _____ day of _____, 2003, by _____.

NOTARY PUBLIC in and for The STATE OF TEXAS